

Vocational Rehabilitation Reach-UP Intake for Customers to complete.

The purpose of this questionnaire is to learn more about you as you enter the Reach-Up Vocational Rehabilitation Program. We can help you to choose, get, and keep a job. We will ask you questions about yourself, such as your age and where you live, as well as questions about how you are feeling right now and your opinions about your work or educational needs. All of the questions will help us gain the information we need to help you. Please answer all of the questions as best you can. If you have any questions or concerns about this please call Judi Loomis at 251-2148 or 1-800-451-4942.

Name: _____ Social Security # _____

Address: _____

Street Town State Zip Telephone #

Physical Address (If different from Mailing) _____

Street Town

Home Telephone _____

Birth date: _____ how old are you?

Month Day Year

Person to call if we can't reach you: _____ Tel. Number: _____

Have you ever been enrolled in a State Vocational Rehabilitation Program? Yes No _____
Where?

Marital Status (check): ___Married ___Divorced ___Never Married___ Separated___ Other:

If married, length of current marriage _____ Number of times married _____

Educational Information

1. Where were you born: _____
City or Town State Country

2. Language spoken as a child: Circle one English Spanish French or _____
Other

3. What is the highest school grade you completed not including Adult Education?
Circle one 1-5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 or higher

4. Where did you learn to read and write English? Home___ or School ___

5. Circle any of the following learning tasks that are difficult for you:

Reading Writing Computation Concentration Remembering

6. If reading was difficult for you, in what grade did you first have trouble?

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First Grade ____ Second or Third: ____ Fourth or Fifth ____ Sixth, Seventh or Eighth ____

High School: ____

7. As a child did you ever participate in any of the following programs? If you circle any please tell us

On the line following **when** and **where** you were in that program?

Individual Tutoring: _____

Chapter I or Title I: _____

Resource Room: _____

Special Classes _____

Special Education (IEP) _____

Speech or Language Therapy: _____

8. What do you find hard about reading? Which of the following problems seem to apply to you when you read?

____ I can't read or pronounce the long, hard words.

____ I can't understand most of the hard words.

____ Sometimes I don't understand what I read.

____ I forget a lot of what I read right afterwards.

____ I forget a lot of what I read a few days later.

____ I read very slowly.

____ Other problems _____

____ Spelling problems?

Original Family History: The Family you grew up in.

1. Number of Siblings: ____ Brothers: Names & Ages: _____

Sisters: Names & Ages: _____

2. Parents' Marital Status (check): ____ Married ____ Divorced ____ Never Married ____ Other

3. Father's Occupation and Education:

4. Mother's Occupation and Education:

5. Describe what growing up in your family was like:

Past Psychological History:

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1. Have you been previously diagnosed with a psychological problem? Yes No

Give Details if yes:

2. Are you currently seeing a mental health professional? Yes No

Give Details if yes:

3. Have you ever seen a mental health professional for services? Yes No

Give Details if yes:

4. Have you ever been hospitalized for a psychological problem? Yes No

Give Details if yes:

5. Have you ever been exposed to a traumatic event(s) including physical. Sexual or emotional /verbal abuse that involved actual or threatened serious psychological or physical injury to yourself or others close to you?

Yes No

If yes, specify the:

Dates: _____

Frequency _____

Duration: _____

7. Have you had significant problems with: (circle all that apply)

Extreme Depression Excessive Anxiety Suicidal Thoughts Suicide Attempts

Prolonged Sadness Excessive fears/phobias Delusions Panic attacks

Hallucinations Anger Management

8. Are you currently taking any medications? Yes No

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If yes, please give details:

_____ Prescribed by _____

Medication

_____ Prescribed by _____

Medication

_____ Prescribed by _____

Medication

_____ Prescribed by _____

Medication

Legal Issues:

Do you have an active Vermont Driver's License: Yes No

If no, have you ever had a Driver's license? What State: _____

Do you have any of the following legal issues at this time? (Circle and provide details)

Fines: _____ What State? _____

Probation _____ Location of Court: _____

Felonies: _____ Location of Court: _____

Child Support: _____ Location: _____

Have you ever been incarcerated? _____
Year Duration Location

Substance Abuse:

1. Have you ever been treated for alcohol/drug problems? Yes No

If yes, give details:

2. How much alcohol do you drink per week? (Circle)

- a. a. Never drink d. 5 –10 drinks
- b. b. 0-1 drink e. 10+ drinks
- c. 2-4 drinks

3. Have you ever used any other drugs recreationally? Yes No

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Which Ones? (Circle)

Marijuana Amphetamines/Speed Barbiturates Sleeping Pills/ Quaaludes

Tranquilizers, Valium, Librium Cocaine Heroin Opiates, Morphine, Demerol

Psychedelics (LSD, Mescaline)

4. Are you using any drugs recreationally at present? Yes No

If yes, circle:

Marijuana Amphetamines/Speed Barbiturates Sleeping Pills/ Quaaludes

Tranquilizers, Valium, Librium Cocaine Heroin Opiates, Morphine, Demerol

Psychedelics (LSD, Mescaline) Other: _____
Names

Physical Health Circle any and all that may apply to you.

Allergies Heart problems Epilepsy/Seizures High Blood Pressure

Diabetes Head injury Back problems Broken bones

Thyroid condition Surgery Migraine headaches Cancer Dental

Vision Hearing Do you smoke Cigarettes? Yes ___ No ___

Other by name

Prior Work History

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List the kinds of paid jobs that you have had in the last 10 years that you have worked

Job Title	Type of Business	Dates Worked (month & year)	Reason for Change
		From	To

<u>Example: Cook</u>	<u>Example: Restaurant</u>	<u>January 2003 - April 2003</u>	<u>I quit</u>
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Instructions: On this last sections please check all of the items that are true for you, and answer the last question. You may check as many items as you wish in each section.

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Work Experience:

- ☐ I have a good work history.
- ☐ I have had many jobs, but do not seem to be able to keep a job.
- ☐ I have never had a job.
- ☐ It has been less than one year since I worked
- ☐ It has been more than one year, but less than two years since I last worked.
- ☐ I know how to look for a job.
- ☐ I need help looking for a job.
- ☐ I have never tried to find a job.
- ☐ I liked the job/s I have held.
- ☐ I liked some of the jobs I have held.
- ☐ I never had a job that I liked.
- ☐ I do not think that I can work and I have filed for Social Security.
- ☐ I do not think I can work, but I have not filed for Social Security

Employment:

- ☐ I want to work.
- ☐ I am not sure I want to work.
- ☐ I do not want to work.
- ☐ I am currently working part time for pay.
- ☐ I am currently working as a volunteer.
- ☐ I would like to work as a volunteer.
- ☐ I would like to work part time for pay.
- ☐ I would like to work full time for pay.
- ☐ I am working and I am satisfied with where I work.
- ☐ I would like to change my current work situation.

Educational

- ☐ I am satisfied with my current education.
- ☐ I would like more education.
- ☐ I do not want more education.
- ☐ I have tried to get my high school education.
- ☐ I am not currently in school
- ☐ I would like to work toward getting my GED.
- ☐ I would like to work toward getting my Adult Diploma.
- ☐ I am studying for my GED.
- ☐ I am working on my Adult Diploma.
- ☐ I am currently taking occasional college classes.
- ☐ I am currently enrolled in a training program.
- ☐ I need help to get my GED/Adult Diploma (tutor, special accommodations or other help).

Living Situation

- ☐ I am satisfied with my living situation.
- ☐ I am not sure how I feel about my living situation
- ☐ I would like to change my living situation.

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- ☐ I want to move from where I am living
- ☐ I would like to get off TANF/Reach UP
- ☐ No longer receiving TANF/Reach UP makes me feel nervous
- ☐ I do not want to get off TANF/Reach UP

Social Situation

- ☐ I am satisfied with my social situation.
- ☐ I am not sure how I feel about my social situation.
- ☐ I would like to change my social situation.
- ☐ I want to get out of the house more.
- ☐ I would like to be around people more.
- ☐ I am not sure I want to be around people more.
- ☐ I do not like being around other people.

Service needs: (Please state the importance of each item - Very important, somewhat important or not important)

- ☐ Finding a job.
- ☐ Help finding a job.
- ☐ Help changing my educational situation.
- ☐ Help changing my living situation.
- ☐ Help changing my social situation.
- ☐ Help filing an application for Social Security Disability Benefits
- ☐ Help filling out the Social Security Disability forms

Employment assistance

- ☐ I would like help deciding if I want to work.
- ☐ I would like help choosing a job.
- ☐ I would like help figuring out what type of work I can do.
- ☐ I know what type of work I would like to do.
- ☐ I know the type of place that I would like to work.
- ☐ I know how many hours a week I would like to work.
- ☐ I would like help getting a job.
- ☐ I know the types of things I want in a job and in an employer.
- ☐ I know what skills I have to offer an employer.
- ☐ I know what experience I have to offer an employer.
- ☐ I would like help so I can keep a job for a long time.
- ☐ I would like to know if I should file for Social Security

Initial goal:

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What do you hope to achieve through receiving services from Vocational Rehabilitation?

What is the date by which you would like to achieve this goal:

Thank you for completing this information. It will help us to help you and it will save all of us time as we build a relationship and work together.